

NOV 22 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space

38467

## 1. PLACE OF DEATH

County **Pettis**  
 Township **Longwood**  
 City **Longwood** (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. **645**Primary Registration District No. **19981**File No. **282**Registered No. **668**

## 2. FULL NAME

**Mrs. Matt Cooper**

(a) Residence, No. \_\_\_\_\_

**Longwood, Mo.**

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

**Female**

## 4. COLOR OR RACE

**White**

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

**Married**

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

**George E. Cooper**

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

**October 14, 1889**

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.

**47****11****21**

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

**Housewife**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Syracuse, Mo.**

MOTHER FATHER

## 13. NAME

**Charles Anderson**

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Camden County Missouri**

## 15. MAIDEN NAME

**Margaret Woolery**

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

**Cooper County Missouri**

## 17. INFORMANT (ADDRESS)

**George E. Cooper Longwood, Mo.**

## 18. BURIAL, CREMATION, OR REMOVAL PLACE

**Syracuse, Mo.****DATE 10/7/37**

19

## 19. UNDERTAKER (ADDRESS)

**Duane Ewing Sedalia, Mo.**

## 20. FILED

**10-7****10-37****John Slack Registrar.**

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

**Oct 5th 1937**

## 22. I HEREBY CERTIFY, That I attended deceased from

**June 1936 to Oct 5th 1937**I last saw him alive on **Oct 5th 1937** Death is saidto have occurred on the date stated above, at **9:30 a.m.**

The principal cause of death and related causes of importance were as follows:

**Cardiovascular myelitis** Date of onset **7/1/37**

Other contributory causes of importance:

**Arteriosclerosis**Name of operation **Autopsy** Date of **6/17/37**What test confirmed diagnosis? **Pathology** Was there an autopsy? **Yes**

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? **Yes**If so, specify **Arteriosclerosis**(Signed) **Dr. J. B. Gell** M. D.(Address) **1111 N. 1st St. Sedalia, Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Edgell